Sign Language Interpreter
Claim Template Creation
Claim Template Submission

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Getting Started in ProviderOne

- **ProviderOne** is used by Washington Apple Health providers to submit claims and manage their provider accounts. It is compatible with the most commonly used internet browsers: Google Chrome, Firefox, Microsoft Edge, Internet Explorer (IE) for Windows, and Safari for Windows and MAC.

- In order for **ProviderOne** to work on your computer, verify your browser allows popups, as these are vital to successful claims submission.
Logging into ProviderOne

- Use web address: https://www.waproviderone.org
- Complete the Domain, Username, and Password fields.
- Click on the Login button.
Logging into ProviderOne

Select the **EXT Provider Super User** profile to start using the Direct Data Entry (DDE) template feature and click **GO**.
Creating a Claim Template

Click on the **Manage Templates** hyperlink.
Creating a Claim Template

- At the Create a Claim Template and list screen, choose **Professional** from the **Type of Claim** box.
- Click the **ADD** button to bring up the claim template form.
Creating a Claim Template

Preview of claims screen with addition of Template Name.
Required Claim Template Information

Minimum required information to save template shown below:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Template Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Is the Billing Provider also the Rendering Provider?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Is this service the result of a referral?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this claim for a Baby on Mom's Client ID?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Is this a Medicare Crossover Claim?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Is this claim accident related?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: You can fill in as much information on the claim form template as long as the minimum information above is entered.
Additional Claim Template Info

Additional information that can be entered on each template and saved:

**BILLING PROVIDER**

* Provider NPI:  
* Taxonomy Code: 171R00000X

<table>
<thead>
<tr>
<th>Diagnosis Codes: * 1: Z710</th>
<th>2:</th>
<th>3:</th>
<th>4:</th>
<th>5:</th>
<th>6:</th>
<th>7:</th>
<th>8:</th>
<th>9:</th>
<th>10:</th>
<th>11:</th>
<th>12:</th>
</tr>
</thead>
</table>

Note: Although procedure information including date of service, procedure code, modifiers, units, and dollar amount, can be entered in the Basic Service Line Item detail, it is recommended that this area on your template be left blank. For example the dates of service will always change so will need to be added each time you submit a claim from a template.
Saving a Claim Template

- When done entering information needed, click on the **Save** button.
- **Template** button in the upper left corner.

- You will receive a pop up asking if you would like to save the template. Answer **OK** to save.
Claim Template List

- Claim options from the Claim Template List are:
  - Edit template
  - View template
  - Delete template
  - Save As/Copy template
Claim Template List

- Enter a **check mark** in the box next to the template name.
- Click on the option button (Edit, View, Delete, SaveAs/Copy)
Save As/ Copy Template

- **Rename** the template.
- Change any other information needed.
- Click on the **Save Template** button in upper left corner.
Submitting a Template Claim

• Claims can be submitted from a template.
• Click on the **Create Claims from Saved Templates** hyperlink.

![Screenshot of Online Services menu with highlighted option](image)
Submitting a Template Claim

- The **Create Claims from Saved Templates** list is displayed.
- Click on the **Template Name** to bring up the **template**.
Submitting a Template Claim

- Once the template is displayed, continue to fill out the remaining missing information.
- Click on the **Submit Claim** button in the upper left corner.
Questions?
Contact and Support

• Contact Interpreter Services at:
  o interpretersvcs@hca.wa.gov

• Interpreter Services Website:
  o www.hca.wa.gov/isproviders
  o www.hca.wa.gov/sli-transition

• HCA Provider Enrollment
  o providerenrollment@hca.wa.gov
  o 1-800-562-3022 ext 16137

• Contact Provider Relations:
  o providerrelations@hca.wa.gov

• ODHH
  o www.dshs.wa.gov/altsa/office-deaf-and-hard-hearing
  o 1-800-422-3263

Note: Contact Interpreter Services for program and policy questions. Contact Provider Enrollment for provider file updates. Contact Provider Relations for DDE billing claims/templates or profiles.